



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Vicky M. Kunold
Title: DEVICE FOR CLOSING BAGS
Serial No.: 10/617,558
Filing Date: 10 July 2003
Examiner/Unit: Ruth C. Rodriquez/3677
Attorney Docket No.: 2463-001-03

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5th day October, 2005.


Signature

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

____ The fee has been calculated as shown below:

X No additional claim fee is required.

X Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) is enclosed.

X Request for Continued Examination (RCE) is enclosed.

X Power of Attorney and Correspondence Address Indication Form is enclosed.

Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		Present <u>Extra</u>	<u>Rate</u>	Addl. <u>Fee</u>
Total Claims	9	Minus	20	=	0	x \$50/\$25 =	\$-0-
Independent Claims	1	Minus	3	=	x	\$200/\$100 =	\$-0-
Total additional fee for this amendment							\$-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

 X Check No. 24740 in the amount of \$750 for the Petition to Revive is enclosed.

 X Check No 24741 in the amount of \$395 for the Request For Continued Examination is enclosed.

 XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

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